

State of Connecticut  
Department of Economic and Community Development  
**Project Financing Plan and Budget**  
**SMALL BUSINESS EXPRESS PROGRAM (EXP)**

Initial Submission	X	
Revision #		
Applicant (Legal Name)		
Project Name		
Federal Identification Number		
Budget Period	Start Date: _____	End Date: _____
DECD Funding:	Grant: _____	Loan: _____
<b>APPROVED BUDGET</b>		

		Non-DECD Funds	DECD GRANT	DECD LOAN	Total Budget
<b>CAPITAL COSTS</b>					
1405.1	Purchase of land project related				\$ -
1405.2	Appraisal Fees				\$ -
1405.3	Building Acquisition				\$ -
1405.4	Water/Utility Hookups				\$ -
1430.1	General Construction				\$ -
1430.2	Leasehold Improvements				\$ -
1430.3	Permits				\$ -
1430.4	Demolition				\$ -
1430.5	Environmental Remediation				\$ -
1440.1	Machinery and Equipment				\$ -
1440.2	Appraisal (M&E)				\$ -
1450.1	Office Equipment				\$ -
1450.2	Computer Software				\$ -
1425.1a	Design Consultant/Architect				\$ -
1425.1b	Design Consultant/Engineer				\$ -
1450.3	Computer Equipment				\$ -
1450.4	Contractual Services (Installation)				\$ -
1450.5	Telecommunications (Phone System/Network)				\$ -
<b>TOTAL CAPITAL COSTS</b>		\$ -	\$ -	\$ -	\$ -
<b>WORKING CAPITAL COSTS</b>					
1410.1	Training (Define)				\$ -
1410.3	Relocation (Equipment Only)				\$ -
1415.2	Accounting				\$ -
1415.3	Audit				\$ -
1415.4a	Legal Fees				\$ -
1415.4b	Legal-DECD (\$3,000)				\$ -
1415.4c	Title Examination				\$ -
1415.4d	Recording Fees				\$ -
1415.5	Travel (Excludes Mileage)				\$ -
1415.6	Office Rent				\$ -
1415.7	Pension and Other Funds				\$ -
1415.8	Fringe Benefits				\$ -
1415.9	Payroll Taxes				\$ -
1415.10	Office Expense				\$ -
1415.11	Communications				\$ -
1415.13	Insurance				\$ -
1415.15	Marketing (Define)				\$ -
1415.16	Contractual Services (Define)				\$ -
1420.1	Interest Expense				\$ -
1420.2	Property Insurance				\$ -
1420.3	Taxes				\$ -
1420.4	Environmental Insurance				\$ -
1425.2	Environmental Testing				\$ -
1425.30	Surveys & Maps				\$ -
1435.2	Inventory				\$ -
<b>TOTAL WORKING CAPITAL</b>		\$ -	\$ -	\$ -	\$ -
<b>TOTAL COSTS</b>		\$ -	\$ -	\$ -	\$ -
<b>OTHER AUTH. EXPENSES</b>					
1451	Salaries: Up to 50% of State funding, need to complete Exhibit A				\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>TOTAL OTHER AUTH. EXPENSES</b>		\$ -	\$ -	\$ -	\$ -
<b>TOTAL PROJECT COST</b>		\$ -	\$ -	\$ -	\$ -

Applicant (Company): _____			
Authorized Signature: _____	Title: _____	Date: _____	
Signed: _____	Date: _____		
Executive Director, DECD			
Signed: _____	Date: _____		
Catherine H. Smith, Commissioner			

DECD - EXP

(11/21/11)